## Birth Certificate

Name	on b	irth record:			
		th:			
How n	nany	copies?	_		
	•				
Applic	ant l	Name:		_	
Applic	ant A	Address:			
Indicat	e yo	our relationship to the person whose record you	u have r	equ	ested:
		Self			Guardian
		Spouse			Descendant
		Registered Domestic Partner			Attorney of person on record
		Parent			Genealogist ID #
By my	sign	ature below, I swear/affirm that the information	on abov	e is	-
	_	Signature:			
тррпс	unt	organicae.			<del></del>
Today	's Da	ate:			
		\$15 for 1 <sup>st</sup> copy, \$6 for ea	ch addi	tion	al copy
		, , , , , , , , , , , , , , , , , , , ,			
		Below line is for Clei	rk's use o	nly	
Proof of	f iden	atity of applicant:			
		Applicant must provide			<del>-</del>
	Dri	ver's License		Go	vernment issued picture I.D.
	Pas	sport			
_		OR two of th			
		lity bills			ter Registration card
		nk statements			ability award from SSA
	Veł	nicle registration		Oth	ner
	Inco	ome tax return			
	Pers	sonal Check w/ address			
	A p	reviously issued vital record			
	Lett	ter from government agency requesting record			
	(DF	HHS, WIC)			
	Dep	partment of Corrections I.D. card			
	Soc	rial Security Card			
	DD	214			
	Hos	spital; birth worksheet			
	Lice	ense/rental agreement			
	Pay	stub			
	W-2	2			

Establishing eligibility to acquire record:				
Related applicants must provide proof of lineage.				
Domestic Partners must provide proof of registration of domestic partnership				
Attorneys must provide a signed, notarized release from family				
Genealogists must provide a state-issued card				

Do not retain copies of proof provided or note any specific numbers